

MONTHLY IMMUNIZATION REPORT - Revised June 2006

Contact Person:				Fax: ()		Phone ()		VFC PIN Number:				
Practice/Facility Name:						Reporting Month:		Reporting Year:				
Vaccine Inventory by Number of Doses								Number of Clients by Category				
VACCINE TYPE	Beginning Monthly Vaccine Inventory	Vaccine Received In From State	Total Amount of Vaccine Administered	Vaccine Transferred to/from Another VFC Provider--include PIN #	Expired or Wasted Vaccine	Unaccounted For Vaccine Doses Long or Short (+ or -)	Ending Monthly Vaccine Inventory	Eligibility Status	Age of Clients			
									<1 Yr	1-2 Yr	3-6 Yr	7-18 Yr
DT								Medicaid (VFC)				
Td								Uninsured (VFC)				
Tdap								Native American (VFC)				
DTaP								Under-Insured* (VFC)				
DTaP/HepB/EIPV								HealthWave (VFC)				
Hib								Under-Insured* (CHD Only)				
Polio								Under-Served (CHD Only)				
Hepatitis A								*Only include if facility is a FQHC or RHC.				
Hepatitis B (Adult)												
Hepatitis B (Ped)								Under-Insured: Health insurance plan does not include coverage for vaccination, covers only select vaccines, or caps the vaccine cost at a limit below the actual cost of the vaccine.				
Hepatitis B-Hib												
MMR								Under-Served: Health insurance plan has co-pay or deductible that is high enough to provide a barrier to immunizations.				
Pneumococcal-Conj												
Meningococcal								This report is due each month by the 10 th day of the month following the reporting period.				
Rotavirus												
Influenza								SUBMIT BY E-MAIL to: immreporting@kdhe.state.ks.us				
MMR-V												
Varicella								FORMS AVAILABLE AT: www.kdheks.gov/immunize				
TOTAL												